

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 553250

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		7				
15		7				
16		7				
17		7				
18		7				
19		7				
20	1					
21		1				
22		1				
23		1				
24		4				
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31		6				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39						
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42						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	80	←		←		←
TOTAL CLAIMS	84					